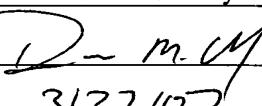


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/763,597
		Filing Date	January 23, 2004
		First Named Inventor	Charles D. DeBoer
		Group Art Unit	1637
		Examiner Name	David C. Thomas
Total Number of Pages in This Submission	2	Attorney Docket Number	201448/351

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$_____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (3 months) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$_____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$_____) <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$_____ <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input checked="" type="checkbox"/> Payment by Credit Card. Form PTO-2038 is attached.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Integrated Nano-Technologies Dennis M. Connolly	
Signature		
Date	3/27/07	
Registration No.	40,964	

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]		
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